

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000054096

**FILED**  
**Apr 19, 2004**  
**Secretary of State**

**Entity Name:** JOSEPH P. CRAWFORD, M.D., P.A.

**Current Principal Place of Business:**

1820 43RD AVENUE  
SUITE ONE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

1986 35TH AVENUE  
VERO BEACH, FL 32960

**Current Mailing Address:**

1820 43RD AVENUE  
SUITE ONE  
VERO BEACH, FL 32960

**New Mailing Address:**

1986 35TH AVENUE  
VERO BEACH, FL 32960

**FEI Number:** 65-1155988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEC CONSULTANTS, INC.  
5070 HIGHWAY A1A, NORTH  
SUITE 221  
VERO BEACH, FL 32963 US

**Name and Address of New Registered Agent:**

DEC CONSULTANTS, INC.  
1515 INDIAN RIVER BLVD  
SUITE A 210  
VERO BEACH, FL 32960 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT RAPPEL

04/19/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CRAWFORD, JOSEPH P M.D.  
Address: 1820 43RD AVENUE, SUITE ONE  
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: CRAWFORD, JOSEPH P M.D.  
Address: 1986 35TH AVENUE  
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH P. CRAWFORD, MD

DP

04/19/2004

Electronic Signature of Signing Officer or Director

Date